U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only  READ THE INSTRUCTIONS CAREFUL  E	LY BEFORE PREPARING THIS REPORT.			
1. File Number U - [ ]	2. Fiscal Year Covered Frcm:  Of / Or / 199 Through: 12/37 / 209			
3. Name and address of person filing.  Name Tames C Teres 1	4. Name, file number, and address of labor organization.  Name NATIONS' 35 A MAIL HANNGLERS UNION			
P.O. Box, Bldg., Room No., if any	Labor Organization File Number 000~505  P.O. Box, Building and Room Number, if any			
Street 1101 CONNECTICUT AVE, N. IN, Suite 500	Street IIDI CONNE L'OUT AVE, NW, SUITE 500			
City Washington State D.C. ZIP Code + 4 20036	City Washing for ZIP Code + 4 Z0036			
5. Position in labor organization. FORMER VILL PRESIDENT,	Southern Region & RI-399 Representative			
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the excl	use or minor child directly or Indirectly had any of the following interests usions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
P.O. Box, Bidg., Room No., if any				
Street	7.b. Amount.			
City				
State ZIP Coce + 4	<u></u>			
Sign	ature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Signed	On 15 Aug (15 /202) 833-9095  Date Telephone Number			

		<del></del>			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, sciling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or setting or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name BREdinoff & KAISER, P.L.LIC.					
Trade Name, if any:	a. Labor Organization				
P.O. Box, Bldg., Room No., if any	b. Trust				
Street 805 FiftEENth St., NW	[ ] & Employes				
City Washington					
State D. C. ZIP Code + 4 2000.5					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name	LEGAL SERVIC	<b>u</b>			
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any	-				
Street	11.b. Approximate dollar value of	such dealing. UNKNOWN			
City	12.a. Nature of interest held or i	income received.			
City ZIP Code + 4 ZIP Code + 4		Gift - March 2004			
		3,ft - march 2004			
State ZIP Code + 4	RETIREMENT' L				
	RETIREMENT' (	3,ft - march 2004			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant	RETIREMENT' (	3,ft - march 2004			
State ZIP Code + 4  C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	RETIREMENT L	3,ft - march 2004			
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C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	RETIREMENT L	3,ft - march 2004			

File Number U-

Name of Person Filing JAMES C ERREIL

Name of Person Filing JAMES C TERRE 1	File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any).  Name FIRST HEALTH  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 3200 HIGH/AND AVENUE  City DOWNERS GROVE  State TL ZIP Code + 4 60515	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer					
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.  Administrace I HEAlth Plans.					
City ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  RETIREMENT GIFT - MARCH 2004					
	12.b. Amount. Appeax. \$300,00					
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	14.a. Nature of payment.					
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4						
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.					

Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic banefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name FIRST HEAIYM  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 32DC HIGH AND HUSNUE.  City DOWNERS GROVE.  State IL ZIP Code + 4 60515	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.  Administre: !! HEAlth Plan.
City ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest netth or income received.  DINNER - FARCH 2004  SELF/Spouse.
	12.b. Amount. Appeax. \$120.00
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)
Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any.	T.B. Nature of polymon.
P.O. Box, Bidg., Room No., if any  Street  City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

Name of Person Filing James C. TERREII		File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any).  Name FIRST HEALTH  Trade Name, if any:  P.O. Box, Bldg., Rcom No., if any  Street 3260 High And AVENUE.  City Downsers Grove  State JL ZIP Code +4 60515	9. Business deals with:  A. Labor Organiza  b. Trust  c. Employer	tion				
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing Administras		0/AN			
Street City State ZIP Coc'e + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  DINNER - DECEMBER 2004  SEIF/ Spouss					
C. Received from any employer (other than an employer covered unde		APPROX.	9/20.00			
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant	or other thing of value.  14.a. Nature of payment.					
(including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4						
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.					